



Annual Report of the Independent Monitoring Board at HMP Durham

**For reporting year
1 November 2019 – 31 October 2020**

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Introductory sections 1 – 3

1. Statutory role of the IMB

The Prison Act 1952 requires every prison to be monitored by an independent Board, appointed by the Secretary of State from members of the community in which the prison is situated.

Under the National Monitoring Framework agreed with ministers, the Board is required to:

- satisfy itself as to the humane and just treatment of those held in custody within its prison, and the range and adequacy of the programmes preparing them for release
- inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has
- report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively, its members have right of access to every prisoner and every part of the prison, and also to the prison's records.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that States designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The Independent Monitoring Board (IMB) is part of the United Kingdom's National Preventive Mechanism.

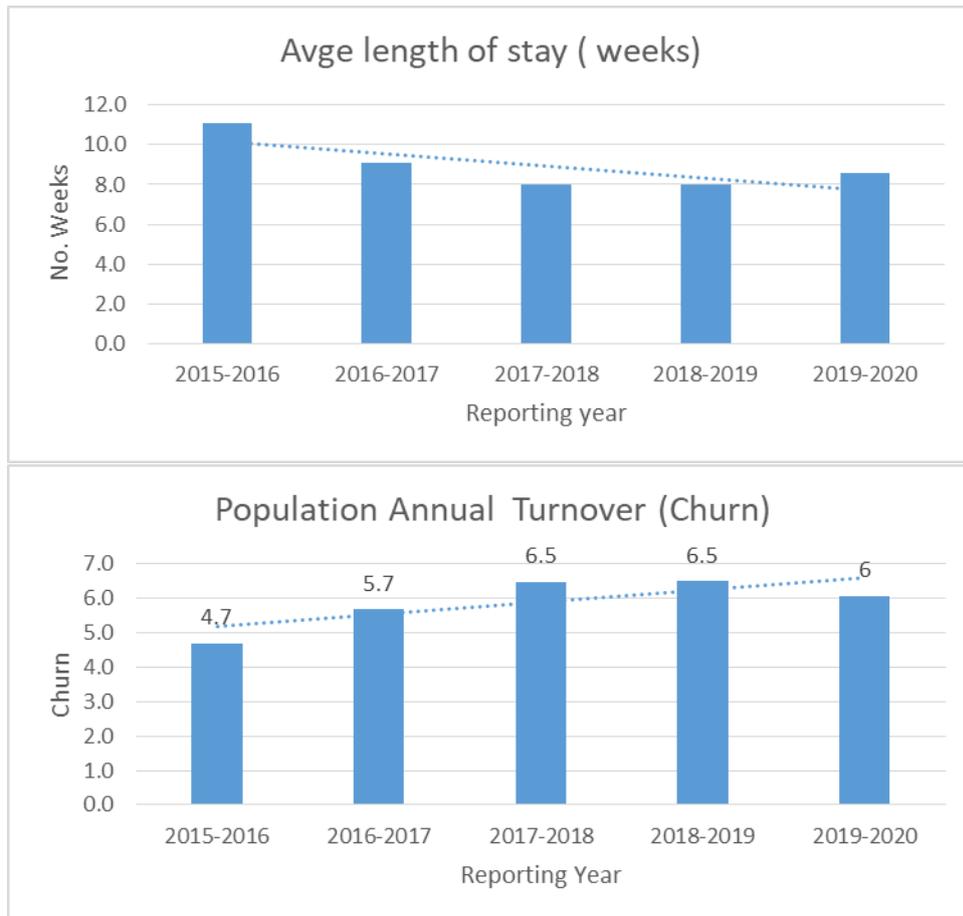
2. Description of the establishment

2.1 Taking its first prisoners in 1819, HMP Durham is a Georgian era prison that celebrated its bicentennial at the end of 2019. The prison has fulfilled many roles throughout its history. At the start of our reporting year, it was operating as a reception prison, and in February 2020 it transitioned to become a reception and resettlement prison for adult males and young offenders. The model for this classification is 65% of the population as remand and 35% sentenced. Prisoners who have 16 months or less to serve on their sentence may now finish their period of detention at Durham. The exterior and interior of the wings reflect the architecture of this period. The wings have up to five landings. Access for those with disabilities, particularly mobility, is managed by accommodating prisoners in a location which will give them the fullest access to regimes while accommodating the nature of their disability.

2.2 In 2017, a 12-bed integrated support unit (I wing) was opened. The unit offers inpatient mental health support, to prisons in the Tees and Wear area. Having spoken to staff from medium secure mental health facilities, the Board considers that this unit and the work they do is of great benefit.

2.3 The certified normal accommodation (CNA) is 595 and the operational capacity (OpCap) is 996. However, in May 2020 a flexible OpCap of 928 was applied, to enable the provision of reverse cohorting; in the last six months, this has averaged 180 prisoners at any one time.

2.4 Since 2017, the prison has transitioned three times: from a local category B prison to a resettlement prison, and then to a reception and resettlement prison. The resulting impact on the average length of stay and churn can be seen below:



2.5 As of the end of October, the service provided by third-party contractors was as follows:

Organisation	Outline of services provided
Airedale NHS Foundation Trust	Telemedicine
Amey	Maintenance of facilities
Burgess and Hyder	Dental services
County Durham and Darlington NHS Foundation Trust	Visiting specialist services, covering general, orthopaedic, vascular and ear, nose and throat surgery, chest medicine, an epilepsy nurse specialist

Durham Tees Valley Community Rehabilitation Company with ARCC and several charities	Resettlement
Ethnic Minorities Training and Education Project	Providing similar support to that given by the Islamic Diversity Centre (see below)
Spectrum Community Health CIC	Nursing, administration in the healthcare centre, the nursing aspect of the drug and alcohol recovery team (DART) service
GeoAmey	Court escort, transfer vehicles
Her Majesty's Courts & Tribunal Service	Court listings, warrants
In-Health	Visiting X-ray and ultrasound services
Islamic Diversity Centre	Diversity race equality action team – advice on matters involving Muslim prisoners; also providing training
Humankind	Health and wellbeing, substance use, mental health and domestic abuse services
North East Prison After Care Society (NEPACS)	Visits, education, training and family ties – attendance at resettlement meetings, involvement in the planning process
Newcastle Futures	Employment, training and partner events designed to support the re-employment of ex-offenders
Novus	Provision of teaching services in education – including the workshops
Parent line Plus	Providing a family learning course
Premier	Physiotherapy and chiropody
Sodexo with NACRO	Resettlement
Spectrum Community Health CIC	GP and pharmacy services
Sunderland MIND	Bereavement counselling
Tees, Esk and Wear Valleys NHS Foundation Trust	Community psychiatric nursing, general and forensic psychiatry and psychology

The Samaritans	Attending suicide prevention meetings and offering regular training to Listeners
Time for Families	Relationship skills, financial management and parenting
Prison Optician Trust	Optician services

3. Executive summary

3.1. Background to the report

3.1.1 The impact of COVID-19 – Following the onset of COVID-19, the Board stopped visiting the prison on 19 March 2020. A democratically agreed process of remote monitoring was agreed in April. As monitoring was carried out remotely, we had to rely on information supplied by third parties, often supported by data from the Prison National Offender Management Information System (P-NOMIS). As a result of our previous good relationships with managers and staff, we were able to organise an information stream which allowed us to develop a view of prison life. . Wherever possible, we have triangulated this information to verify our comments. Limited visits by the Board resumed in August, and gradually the scope of these visits was expanded through to October. Across the prison, we were warmly welcomed back. In an email, a member of the senior management team wrote:

‘Good to have you and your team back in the prison. Always seen how valuable the IMB, with not only their critical friend status but the weight of the reporting structure behind you. Having a blinkered view driven often by process can be so damaging to an institution of any kind and having the more lateral and greater scrutiny paid makes us more conscious of our roles and keeps us from morphing into a space where we don’t deliver safely or in a way that when cast up at a later date would makes us cringe in how we acted’.

3.1.2 Members of the Board have been actively involved with the IMB freephone service to prisoners since its launch on 27 April 2020.

3.1.3 This report has been produced from five months of normal monitoring and seven months of remote monitoring. Throughout the year, the Board has maintained its statutory duties. The Board recognises the need to be cautious in drawing comparisons with last year’s report, owing to the impact of the COVID-19 pandemic.

3.1.4 The Board is mindful of the difficult situation that the prison has found itself in during this monitoring year. Members have noted the appreciation that the Governor has expressed of his staff during this time, and also the appreciation that staff have expressed of the organisation and communication they have experienced during the pandemic.

3.1.5 The Board would like to thank Governor Husband and all of his staff for their support during this period.

3.2 Main judgements

How safe is the prison?

- Increasing trend of licence recalls with positive body scans (see paragraph 4.1.8).
- Improved first night inductions (see paragraph 4.1.10).

- Reduction in incidents of self-harm and increasing trend in number of assessment, care in custody and teamwork (ACCT) documents opened (4.2.8).
- Low level of Listeners (see paragraph 4.2.10).
- Decline in number of assaults, however as a percentage of overall assaults, staff assaults have increased (see paragraphs 4.3.2 and 4.3.3).
- Improved safeguarding of vulnerable prisoners (see paragraphs 4.4.1 and 4.4.2).
- Poor utilisation of body-worn video cameras (BWVCs) in recording use of force incidents (see paragraph 4.5.5).

How fairly and humanely are prisoners treated?

- Overcrowding (see paragraph 5.1.1).
- Reverse cohorting well managed (see paragraph 5.1.3).
- Inconsistent attendance by healthcare at good order or discipline (GOOD) reviews (see paragraph 5.2.5).
- Professional handling of prisoners in special accommodation or on dirty protest (see paragraphs 5.2.7 and 5.2.8).
- Poor delivery of key working (see paragraph 5.3.2).
- Unsustainable system for focus groups (see paragraph 5.4.1)
- Immigration detainees remaining too long (see paragraphs 5.4.5 and 5.4.6).
- Excellent support from the chaplaincy team (see paragraph 5.5).

How well are prisoners' health and wellbeing needs met?

- Benefits of new healthcare provider (see paragraph 6.1.2).
- Inconsistent allocation of prison staff to healthcare (see paragraph 6.1.4)
- Need to reintroduce secondary health screening (see paragraph 6.2.1).
- Why are incidents of prisoners missing three consecutive days of medication no longer reported? (See paragraph 6.2.1).
- System of ensuring prisoners released have access to medication (see paragraph 6.2.4).

How well are prisoners progressed towards successful resettlement?

- As a reception and resettlement prison, there are no plans to introduce education or work experience to support prisoners who have 16 months or less to serve (see paragraph 7.1.1).
- All staff to be encouraged to make entries into prisoners' portfolios (see paragraph 7.1.6).
- Poor access to education and work for vulnerable and older prisoners (see paragraphs 7.1.12, 7.2.4 and 7.2.5).
- Unacceptable system of 'cherry picking' of prisoners for transfer (see paragraph 7.3.7).

3.3 Main areas for development

TO THE MINISTER

3.3.1 How can overcrowding be reduced? (see paragraph 5.1.1)

- 3.3.2 How can IS91 immigration detainees be quickly moved on to more appropriate removal centres? (see paragraph 5.4.5)
- 3.3.3 What plans does the minister have to reduce the backlog of court hearings from HMP Durham? (see paragraph 4.1.5 and 7.3.4)

TO THE PRISON SERVICE

- 3.3.4 How can funds be made available for the provision of work and education for prisoners serving the last 16 months of their sentence under the terms of a reception and resettlement prison? (see paragraph 7.1.1)

TO THE PRISON GROUP DIRECTOR OF TEES AND WEAR PRISONS

- 3.3.5 Look to review the system of ‘cherry picking’ of prisoners when eligible for transfer (see paragraph 7.3.7).

TO THE GOVERNOR

- 3.3.6 How can you increase and sustain an increase in the number of Listeners? (see paragraph 4.2.10)
- 3.3.7 How can you improve the use of BWVCs to capture use of force incidents? (see paragraph 4.5.4)
- 3.3.8 How can healthcare staff attendance at GOOD reviews be embedded into the system? (see paragraph 5.2.5)
- 3.3.9 How can the delivery of key working be improved and sustained? (see paragraph 5.3.2)
- 3.3.10 How can focus groups be introduced and sustained? (see paragraph 5.4.1)
- 3.3.11 How can the allocation of officers to the inpatient healthcare centre be made sustainable? (see paragraph 6.1.3)
- 3.3.12 Will secondary health screening be reintroduced, and when? (see paragraph 6.2.1)
- 3.3.13 Why are incidents of prisoners missing three consecutive days of medication no longer reported? (see paragraph 6.2.1)
- 3.3.14 What can be done to improve prison staff entries into prisoner portfolios? (see paragraph 7.1.6)
- 3.3.15 What plans does the prison have to improve access for vulnerable and older prisoners to suitable engagement opportunities? (see paragraphs 7.1.2, 7.2.4 and 7.2.5)

3.4 Progress since the last report

Reference	Section of the report	Progress issue
4.1.6	Reception and induction	Diversionary materials in holding cells
4.1.6	Reception and induction	Installation of Wayout TV
4.1.7	Reception and induction	Change of vulnerable prisoner waiting area

4.2.6	Suicide and self-harm, deaths in custody	Reduction in numbers of self-harm
4.3.2	Violence and violence reduction, self-isolation	Decrease in the number of assaults
4.4.2	Vulnerable prisoners, safeguarding	Arrangements for vulnerable prisoner visits
4.5.1	Use of force	Decrease in incidents involving use of force
4.5.5	Use of force	Improved governance of use of force
5.1.3	Accommodation, clothing, food	Introduction of reverse cohorting during COVID-19 pandemic
5.1.5	Accommodation, clothing, food	Introduction of cell checks prior to occupancy
5.1.6	Accommodation, clothing, food	Kitchen equipment and provision
5.2.3	Segregation, special accommodation	Improvements in accommodation and decor
5.3.1	Staff/prisoner relationships, key workers	Positive support and de-escalation by staff
5.8.1	Property	Decrease in property complaints
6.1.2	Healthcare	Improvements in partnership and integrated working
6.1.5	Healthcare	Reduction in healthcare complaints
6.2.1	Healthcare	Improvements in GP and advanced nurse practitioner (ANP) waiting times
6.2.4	Healthcare	Improvements in reception with placement of nurse

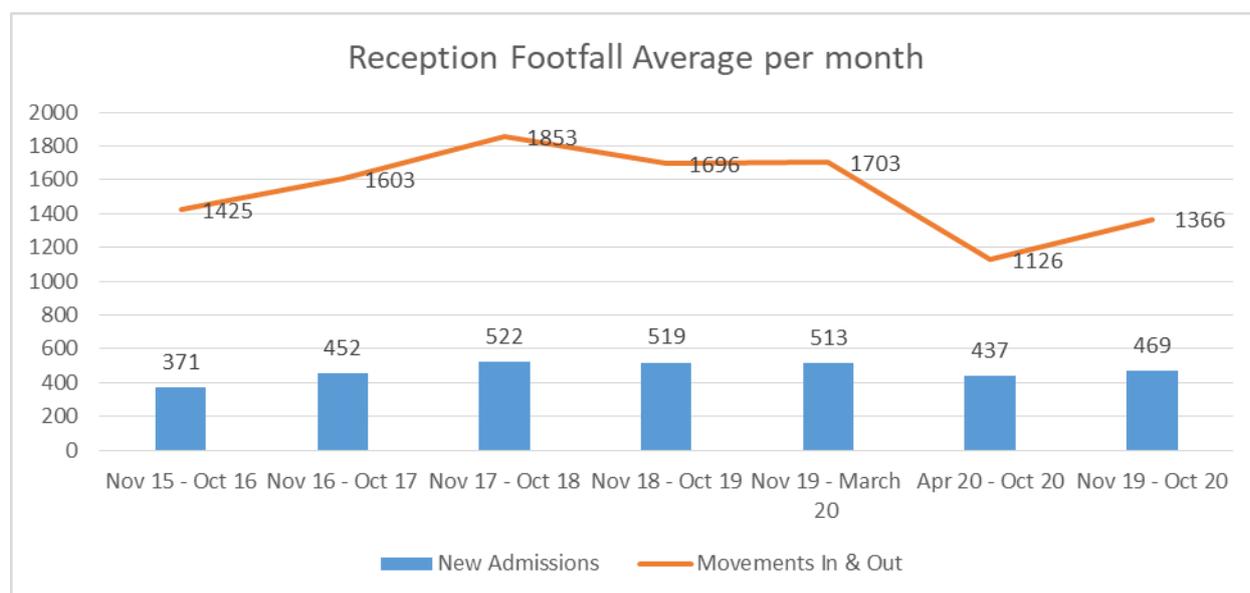
6.7	Soft skills	The work of various agencies and staff in the prison supporting prisoners during an altered regime due to COVID-19 restrictions
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Evidence sections 4 – 7

4. Safety

There is no doubt through the observations of the Board that the safer prisons team (SPT) works extremely hard to minimise the risks both to prisoners and staff. While, at times, the SPT has been affected by staff shortages, the delivery of service to the prisoners has remained high. The prison has worked hard to assess risks through both suicide and self-harm, and assessment, care in custody and teamwork (ACCT) cases.

4.1 Reception and induction

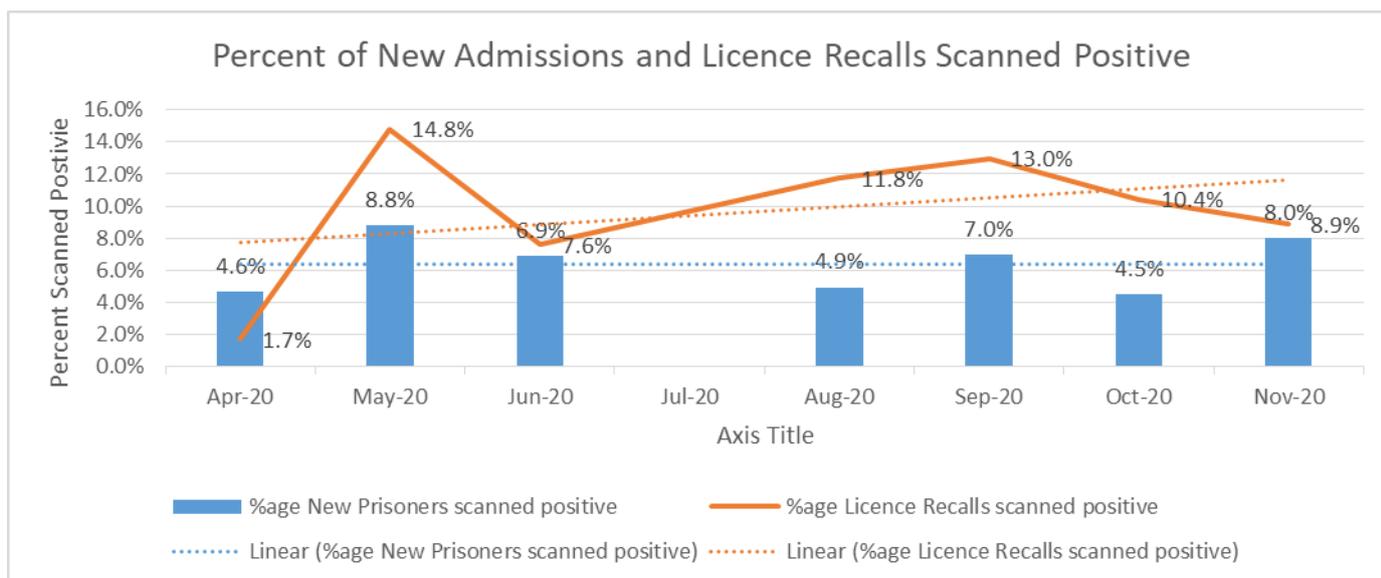


- 4.1.1 New admissions at the beginning of the year were on a par with those in 2018/19. As the year progressed, there was a 15% reduction. Compared with 2018/19, new admissions fell by 9%; this was driven by the closure of courts and delays in proceedings.
- 4.1.2 A similar pattern emerges in the total footfall through reception, which has reduced by 80% year on year. An increase in the use of video-link for court appearances has contributed to the reduction in total footfall through reception.
- 4.1.3 Even with a reduction in overall footfall, reception remains extremely busy.
- 4.1.4 Transfers to other prisons were temporarily suspended during the early stages of the pandemic. However, because of the steady intake of new admissions, transfers had to be resumed very quickly. Transfer numbers are now back at levels comparable to the first five months of the reporting year.
- 4.1.5 Increases in numbers and lengths of stay of remand prisoners:

	Unsentenced		
	Number	No. in Durham > 1 year	Average No. Days in Durham
End Oct 2019	564	6	78
End Oct 2020	653	23	105

At the end of October 2019, there were 564 unsentenced prisoners in Durham; six had been in the prison for more than a year, and the average number of days that a prisoner was held on remand was 78 days. At the end of October 2020, there were 653 unsentenced prisoners; 23 prisoners had been in the prison for more than a year, and the average stay was 105 days. Throughout the year, there has been a significant slowdown of court processes, resulting in a significant increase in the number of unsentenced prisoners. The above statistics highlight a 280% increase in the number of remand prisoners spending more than a year in Durham, and a 35% increase in the average length of stay. The frustration of delays in court hearings contributes to this group becoming more disruptive and contributing to safety issues within the prison.

- 4.1.6 Last year, the Board highlighted that there was a lack of diversionary material in the holding cells. This issue has now been addressed. Work has also started on the installation of televisions in the holding rooms. It is planned to show Wayout TV, which will include details of the reception process.
- 4.1.7 Last year, the location of vulnerable prisoners in reception was of concern to the Board. This has been addressed to the Board's satisfaction, by relocating the holding room from the furthest point from reception staff to a larger room next to the staff base.
- 4.1.8 Body scanning was originally introduced in July 2019, and a new body scanner was installed in July 2020. When a scan is positive, the prisoner has the opportunity to surrender the item. The process is then continued, with placement onto the first night or vulnerable prisoner wings. Failure to surrender the item leads to a placement in the segregation and care unit (SACU) under the secreted items policy, until such time as the prisoner is scanned clear or the item is surrendered. Eight-four per cent of prisoners placed in the SACU have been under this policy.
- 4.1.9 While body scans have closed down a route for illicit items entering the prison, it is disturbing to see an increasing trend of positive results for prisoners on licence recall.



4.1.10 In our previous report, the Board identified a deterioration in the delivery of the first night induction. However, at the beginning of the reporting year a new system of delivery was introduced, with a strong emphasis on mental health and prisoners being encouraged to engage with the services provided. Induction packs are provided in the main languages seen in the establishment.

The Board is pleased with the improvement but will continue to monitor.

4.2 Suicide and self-harm, deaths in custody

Deaths in Custody as Indicated in PPO Reports			
	Nov 17 - Oct 18	Nov 18 - Oct 19	Nov 19 - Oct 20
Homicide	0	0	0
Natural Causes	3	3	3
Self Inflicted / Self-Harm	9	3	6
Total	12	6	9

4.2.1 Three of the six self-inflicted deaths in custody occurred between the May and September national lockdowns .

4.2.2 The Board has been informed promptly of these deaths and, where possible, has observed the initial actions and subsequent investigation. All Prisons and Probation Ombudsman (PPO) reports have been scrutinised by the Board and discussed with the relevant governor.

4.2.3 The PPO has been critical of the reception process to identify prisoners who may present as potentially at risk of suicide or self-harm. The prison has reviewed this, and a more robust system is now in place.

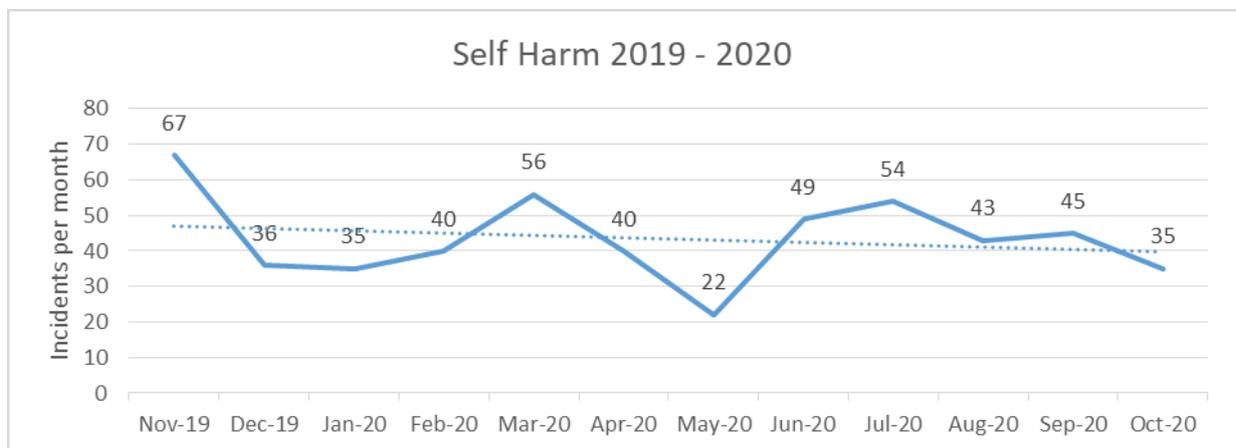
The Board will continue to monitor.

4.2.4 The prison’s action plans have been monitored accordingly. The majority of recommendations have been low level – mainly administration of systems. The prison has responded promptly to the PPO recommendations and appropriate changes have been made.

4.2.5 When there is a death in custody due to natural causes, the PPO reports have concluded that the clinical care received was of a good standard and equivalent to that which could have been expected in the community.

The Board will continue to monitor.

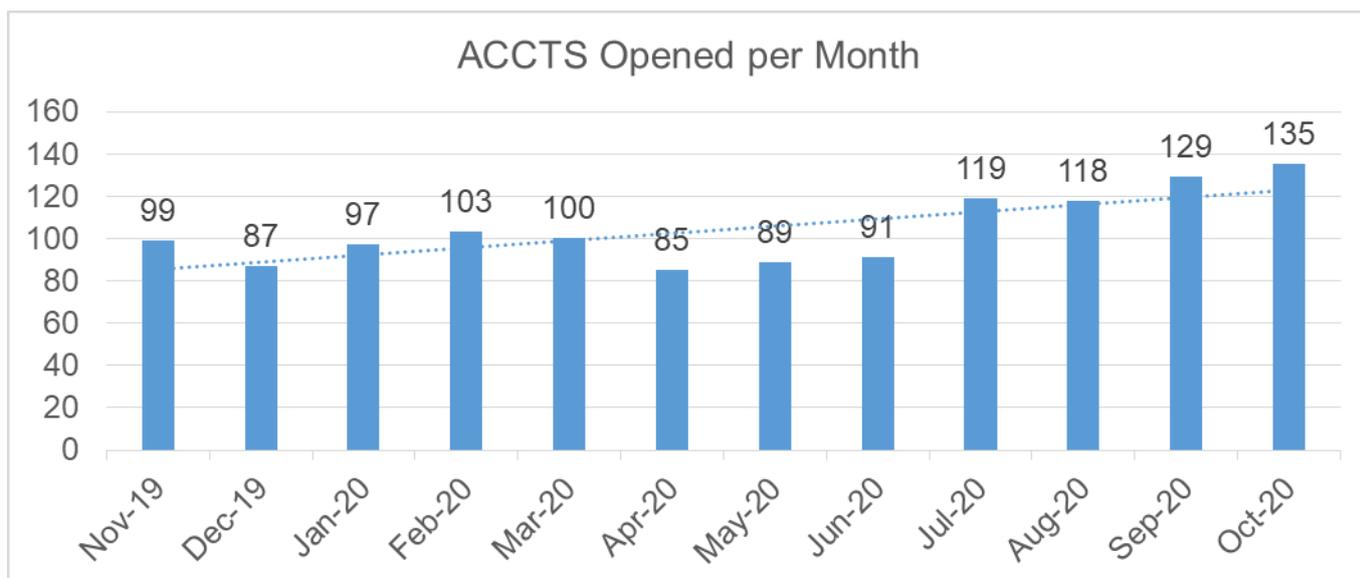
Self Harm		
2017-2018	2018-2019	2019-2020
672	751	522



4.2.6 Due to COVID-19 and the length of time prisoners have been in cells, the Board expected there to be an increase in the rate of self-harm. However, it is pleasing to see a decrease in the number of incidents from 751 in 2019 to the current level of 522. The trend continues to decrease. As in previous years the figures include several individuals who were prolific self-harmers .

The Board will continue to monitor.

	2017 - 2018	2018 - 2019	2019 - 2020
Total ACCTS Opened	1256	1307	1252
Average ACCTS per month	105	109	104



The Board feels that the prison has continued to be highly vigilant in relation to prisoners who present with vulnerabilities, and ACCTs continue to be assiduously applied.

4.2.8 It is interesting to note that in the last six months the number of ACCTs opened has steadily increased, whereas there has been a steady decrease in incidents of self-harm. This is supported by daily welfare checks.

4.2.9 Regular updates have been received from safer custody while remotely monitoring. The Board has monitored 16% of ACCT documents during visits.

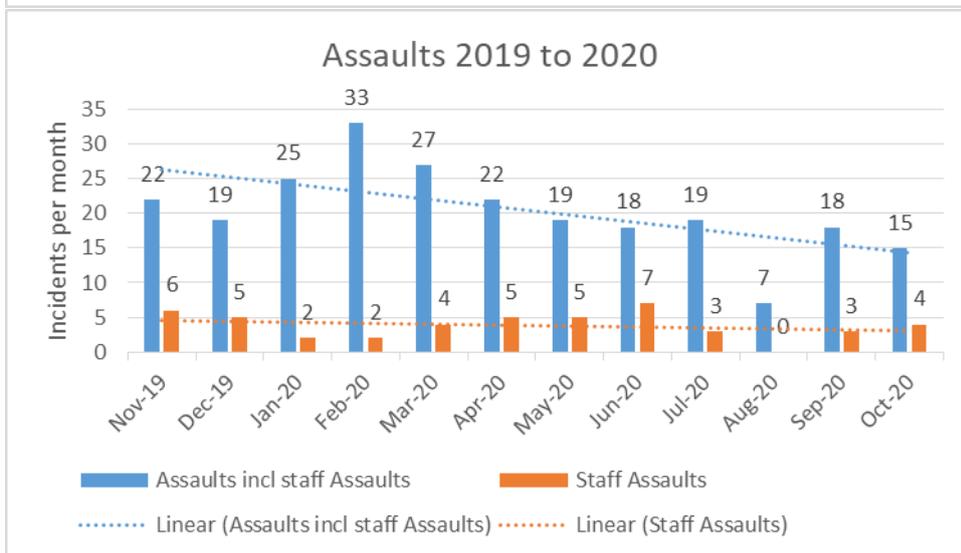
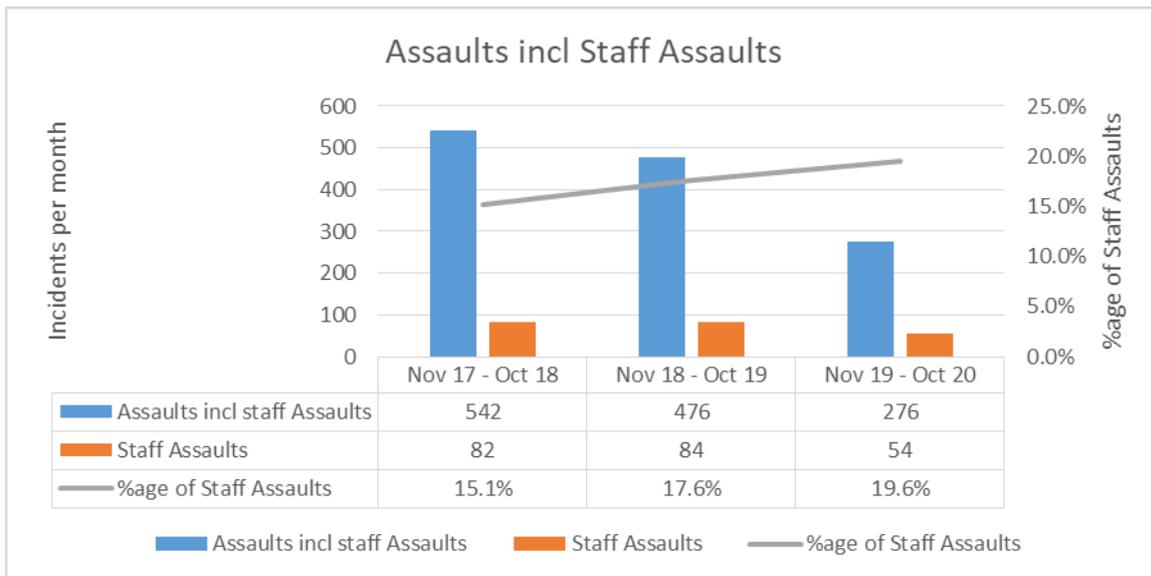
Listeners

4.2.10 The Listener scheme is a peer support service which aims to reduce suicide and self-harm in prisons. The Samaritans select, train and support prisoners to become Listeners. Ideally, there would be two Listeners per wing – that is, 14-15 throughout the prison. However, at the time of writing, the number of Listeners within the prison is at an all-time low of three. The reduction in the number of Listeners is due to the churn of the prison, and the COVID-19 restrictions preventing the Samaritans from entering the establishment and providing the training required. Discussions are ongoing about urgent recruitment and training.

The Board will continue to monitor.

4.3 Violence and violence reduction, self-isolation

4.3.1 The SPT meeting is held monthly and is normally well attended by a cross-section of stakeholders. Reportable incident statistics are reviewed in detail and, where appropriate, action plans and strategies implemented. A safety intervention meeting is held weekly and is also well attended. All prisoners subject to a challenge, support and intervention plan are reviewed there, and plans identified to deal with individual prisoners' issues.



4.3.2 The prison has experienced three consecutive years of a decrease in the number of assaults. However, for the last seven months prisoners have been on a restricted regime, which offered very little opportunity for assaults to take place .

4.3.3 While it would appear that the number of assaults on staff has declined over the last three years, the reality is that, as a percentage of total assaults, there has been a steady increase.

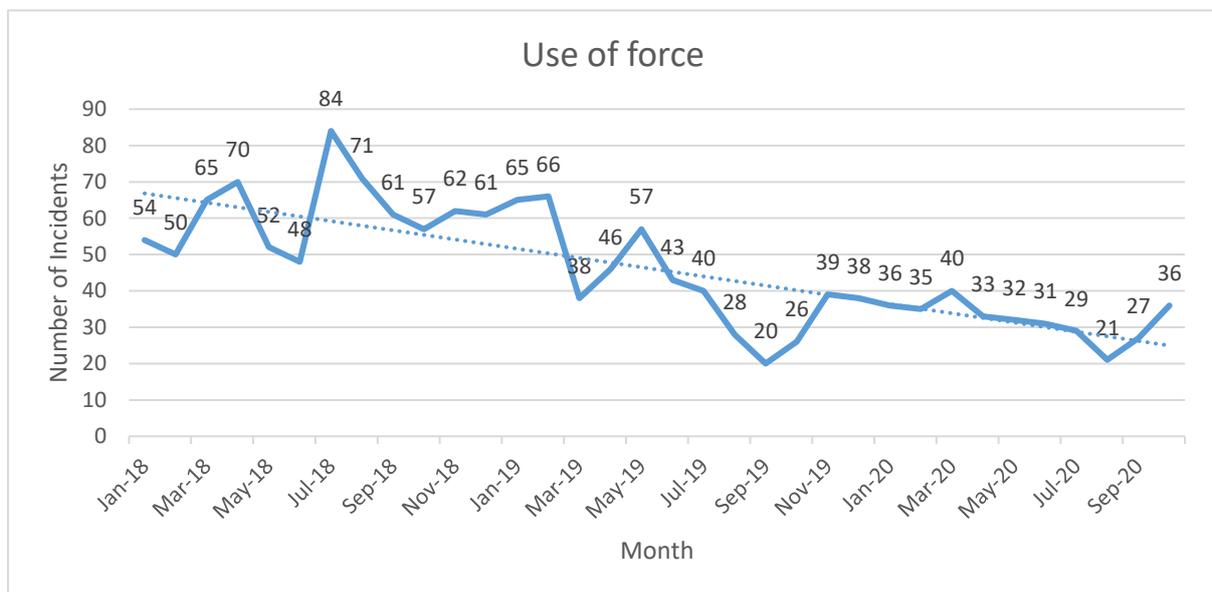
4.4 Vulnerable prisoners, safeguarding

4.4.1 For those who are considered vulnerable due to the nature of their offence, the prison ensures separation from the general population at the earliest opportunity – that is, reception. They are also separated in the healthcare centre waiting area, the gym and in education classes which in themselves we consider to be limited. See para 7.1.12 for details.

4.4.2 Vulnerable prisoners using the visits hall and chapel have been subject to verbal abuse from prisoners in the general population. The prison has allocated specific visit slots for vulnerable prisoners only, to reduce concerns.

4.5 Use of force

4.5.1 The Board regularly observes the use of force (UOF) monthly meetings. At the meetings, paperwork and selected incidents are reviewed, and data is considered regarding the use of BWVCs; the use of guide holds; prisoner and staff assaults and injuries; reasons for the UOF; planned and unplanned incidents; the ethnicity of prisoners involved in incidents; incidents involving the use of batons, PAVA and handcuffs; and the use of special accommodation.



4.5.2 The number of incidents involving use of force continue to decrease from 612(2017/18), 545(2018/19) to 369(2019/20).

4.5.3 PAVA has been drawn by trained staff on five occasions, but has not actively been discharged. The national tactical response team has drawn and used PAVA once, during an incident at height. The incident was observed by a member of the Board.

4.5.4 The Board regularly attends the Use of Force (UOF) monthly meetings. At the meetings BWVC footage and associated paperwork is reviewed for selected incidents. Typically, these will be incidents where injuries have been sustained by the prisoner or members of staff.

4.5.5 The Board, as well as members of the UOF committee, is concerned that only 61% of incidents in the reporting year were captured by BWVCs. We hope to see a substantial increase in the coming year as the Governor tries to introduce procedures whereby planned UOF outweighs unplanned incidents.

The Board will continue to monitor.

4.5.6 The Board feels that the governance of such incidents has continued to improve over the last year, with any issues identified being rigorously followed up – for example, the increase in unplanned interventions.

4.6 Substance misuse

4.6.1 Owing to COVID-19 and its impact on staffing levels, mandatory drug testing was suspended in March 2020.

4.6.2 The results for the first four months of our reporting year were 4.2% (November), 4.2% (December), 13% (January) and 3% (February), well below the target of 23% for positive tests. This evidenced not only the impact of actions to reduce the volume of drugs coming into the prison, but also the work within the prison around demand and treatment.

4.6.3 Testing resumed in October.

4.6.4 From 1 April 2020 to 31 October 2020, 3,145 referrals were made to DART from reception, averaging 449 referrals per month. Figures prior to April are not available.

The Board will continue to monitor.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

5.1.1 As reported in previous years, the Board remains concerned at the level of overcrowding. Approaching 90% of the cells, although meeting the standards for double occupancy, were originally designed for single occupancy.

5.1.2 The CNA is 595 and the OpCap is 966. Since April an OpCap of 928 has been applied. This gave the prison operational headroom to introduce reverse cohorting. The level of new admissions meant that, typically, there have been 180 prisoners in reverse cohorting households at any one time.

5.1.3 Given the continued high level of new admissions, reverse cohorting was a resource-intensive logistical challenge. The Board considers that the prison has handled this well.

5.1.4 Early in the reporting year, decency walks were being undertaken, to establish the standard and cleanliness of the accommodation. At that time, some issues, including graffiti in cells and posters in areas that should be kept clear, were identified. Given the restrictions brought about by lockdown and the associated change in Board access and consequent remote monitoring, it has not been possible to maintain close oversight of these issues. However, nothing of significant concern has come to the attention of the Board during this period. Once restrictions ease, this level of personal monitoring should be resumed. The Board has, however, observed the Governor's daily rounds,

introduced in July. The Governor is accompanied by a custodial manager, chosen on rotation. Managers are given feedback for improvements, with consequent action plans to improve prison standards.

The Board will continue to monitor.

5.1.5 At the beginning of the reporting year, the prison introduced a system of checks prior to cells being occupied. This involved a checklist of items and kit which should be present. The Board saw this as a positive development, and a helpful reminder to staff to ensure the standard and decency of the accommodation. We also saw it as a potentially helpful input in the drive to ensure the consistent supply and maintenance of kit items.

5.1.6 At the start of the reporting year, a number of items of equipment were replaced in the kitchens, addressing the concerns that the Board noted last year. Special diets are catered for. Whenever the prison is celebrating religious festivals or historical landmarks, culturally appropriate menu choices are available. The Board considers that the kitchens have served the prison well in the last year.

5.1.7 In mid-October, the Governor engaged the services of the Clean, Rehabilitative, Enabling and Decent (CRED) programme. This is run by Amey, which oversees a programme of cell upgrades using prisoners, normally involving four cells at a time. The programme was scheduled to begin in earnest on 4 January 2021. The Board looks forward to positive outcomes.

5.1.8 In July, a trainee psychologist carried out a COVID-19 survey in the establishment see extract below.

1. I have been kept informed about regime changes because of COVID-19.	Agree	Strongly Agree	Sample size
	40%	8%	126
2. The prison has been a safe, clean and decent place under lockdown.	Agree	Strongly Agree	Total
	41%	14%	127

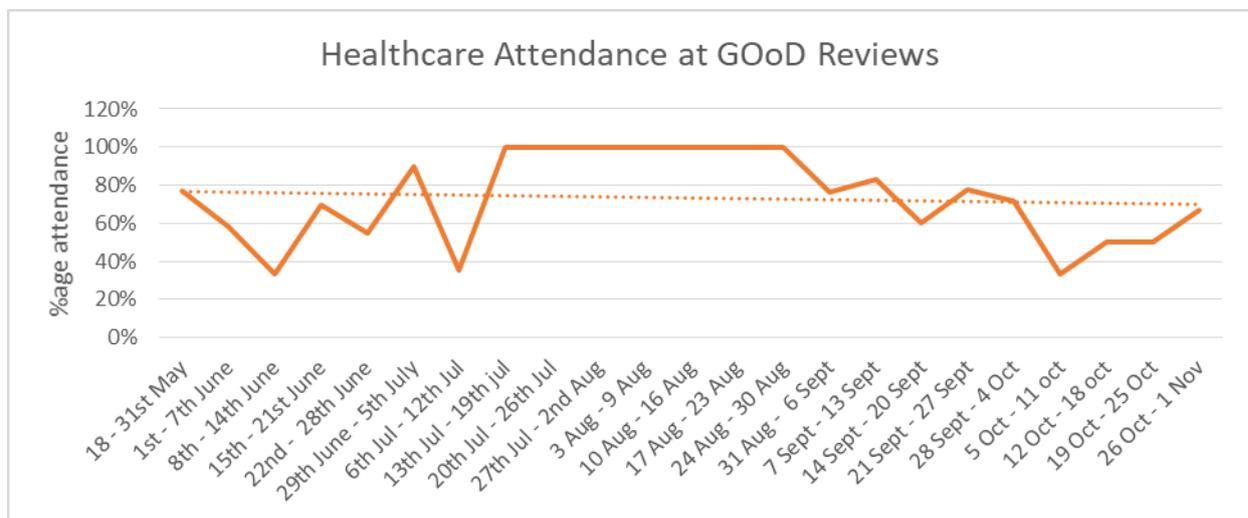
5.2 Segregation, special accommodation

5.2.1 The SACU has 25 single cells, three of which are normally occupied by cleaners. In addition, there are two special accommodation cells.

5.2.2 In the reporting year, three prisoners have been detained in SACU for a continuous period of more than 42 days. In each case, the requisite paperwork has been submitted and authorised. Up to 31 October 2020, the longest continuous detention was 202 days. The board are satisfied that all three men received a good standard of care and we had no concerns related

to any adverse impact of mental health issues. However the person who had 202 days of detention up to the 31 October was a classic example of the “cherry picking” referred to in para

- 5.2.3 Throughout the year, there have been significant improvements in the décor and housekeeping of the unit.
- 5.2.4 The Board has regularly been informed when prisoners have been placed into the SACU and special accommodation.
- 5.2.5 Prison Service Instruction 1700 is very clear in specifying that it is mandatory for an appropriate member of the healthcare team to be present at segregation reviews:



In the reporting year 2018/19, attendance averaged 46%. There was no improvement in this figure from November 2019 to March 2020. In April 2020, Spectrum took over the provision of healthcare services. From 18 May 2020 to 31 October 2020, a total of 270 GOOD boards were held, and it is pleasing to report that healthcare staff attendance averaged 70% over that period. However, as the graph above shows, there were seven consecutive weeks when 100% attendance was achieved. It is clear that healthcare staff attendance at GOOD reviews is still not embedded in the prison.

The Board will continue to monitor.

- 5.2.6 A total of 251 prisoners accounted for the 270 GOOD reviews. The top three reasons for GOOD reviews were:
 - Secreted items policy – 82.8%,
 - Threats/assaults to staff – 7.6%
 - Security breaches – 3.6%
- 5.2.7 There were 12 uses of special accommodation in the year. The Board was informed on these occasions.

5.2.8 During the year, 25 prisoners were recorded as taking part in dirty protests. The Board is satisfied that SACU and other staff continued to provide a high level of care while attempting to de-escalate the situation.

5.3 Staff/prisoner relationships, key workers

5.3.1 Even with the most challenging of prisoners, we observe staff working to de-escalate behaviour and encourage positive engagement.

5.3.2 Key worker performance statistics (source: P-NOMIS) and Board survey.

6:1 Ratio Prisoners to keyworkers												
Key Worker KPIs'	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Total No. of active key workers	155	154	155	155	137	137	140	140	137	138	144	147
% of prisoners with allocated key worker	94.2%	95.0%	94.9%	94.9%	95.3%	93.3%	79.2%	92.4%	88.2%	83.3%	94.8%	95.1%
Avg time from reception to allocation (Days)	2	2	2	2	2	1	12	5	8	8	2	1
Avg time from reception to first session (Days)	18	20	17	17	10	15	17	24	43	43	28	27
No. of projected keyworker sessions in the period	4054	4119	4172	4172	4198	4029	4070	3750	3999	3999	3754	4048
No. of recorded key worker sessions in the period	965	1033	1794	1794	1408	1901	411	353	139	139	776	965
Compliance Rate	23.8%	25.1%	43.0%	43.0%	33.5%	47.2%	10.1%	9.4%	3.5%	3.5%	20.7%	23.8%

The prison received key worker accreditation for achieving a delivery compliance rate of 60% in June 2019. Delivery compliance fell to an average of 23% for the period from August 2019 to December 2019. As can be seen from the above table, delivery continued to improve through to April. None the less the Board is disappointed with this level of performance particularly in light of the fact that, at the last IMB survey, 82% of respondents said that they had a good-to-satisfactory relationship with their key worker, and 63% that they had derived benefit from the scheme.

5.3.3 The exceptionally low rates of delivery for the period May to August were due to the fact that key working was effectively suspended, in accordance with Her Majesty's Prison and Probation Service (HMPPS) guidelines, and delivered to only four specific prisoner groups – namely, the elderly, those who are vulnerable to COVID-19, those on an open ACCT, and those remanded or sentenced under terrorism and counterterrorism charges. Key worker hours have been reintroduced and are improving gradually.

IMB Survey of Keyworking		
	Oct-19	Feb/March 2020
Sample size	96	71
Prisoners who have a key worker	73%	79%
Prisoners in prison more than a month without a key worker	27%	53%
Prisoners who have seen their key worker in the last week	40%	48%
Prisoners have seen their key worker within the last two weeks	13%	16%
Prisoners have seen their key worker within the last three weeks	7%	16%
Prisoners who have <u>not</u> seen their key worker for over three weeks	40%	11%
Good to Satisfactory relationship with Key worker	86%	82%
Have derived benefit from keyworker scheme	50%	63%

In February, March 2020 the Board conducted a follow-up survey on key working to the one it did in October 2019. We had hoped to conduct a further survey in September, October 2020, but this has not been possible.

The Board will continue to monitor.

5.3.4 It is clear to the Board that, in the last three months of the reporting year, staffing levels have become challenging for the prison. Throughout the year, the Board has observed reduced staffing within the healthcare department. An officer should be present, morning and afternoon, to allow for the unlocking of patients and provide the possibility of outdoor exercise. This has been brought to the attention to the prison. In SACU the profile should be four officers a.m., one of which is flexible; p.m. the profile is three officers; with one again being flexible. The regular pattern is now three officers' a.m. and two p.m. We are told that daily regimes are always delivered, and to date we have not seen any evidence or had complaints to the contrary. While we appreciate the complexities of regime management planning, the Board cannot help but be concerned that prisoner welfare and safety may be compromised.

The Board will continue to monitor.

5.4 Equality and diversity

5.4.1 In the last published Her Majesty's Inspectorate of Prisons report of February 2019, the prison was criticised for its performance in providing equality focus groups. An extract from the report states: 'Given the overall weaknesses in this area of work, it was positive that, after a period of eight months where no one had been in post, a full-time equality officer had been appointed. As a result, a schedule of dates for forthcoming equality focus groups had been set'. However, the reality is that, in the last few years, the prison has not been able to introduce a sustainable system of regular focus groups. Once the prison gets out of the grip of COVID-19, the Board looks forward to new arrangements that will provide a voice for those with protected characteristics.

The Board will continue to monitor.

- 5.4.2 The Board has access to detailed statistics on the UOF. We have seen no evidence that UOF is disproportionately used within any ethnic minority or vulnerable group.
- 5.4.3 The age of the prison does not easily lend itself to providing for prisoners with impaired mobility. Within the wings, these individuals will need to be accommodated on the ground floor or first floor.
- 5.4.4 At the end of October 2020, there were 118 foreign national prisoners, from 30 different countries, at the prison, of whom 11 were immigration detainees. These are representative of the numbers throughout the year and are 30% higher than in the previous year.
- 5.4.5 The Board remains concerned about the length of time that immigration detainees are kept in an environment that is not set up to cater for their specific needs. It would appear that the movement of these prisoners to an immigration removal centre fails because of constraints on the Prison Service and immigration removal centres as a whole.

Immigration detainees in HMP Durham as of 31 October 2020				
Number of days in HMP Durham				
Number of detainees	Min	Average	Max	Median
11	17	250	541	237

- 5.4.6 In August 2020, the Board became aware that no visits or contact had been made by Home Office Immigration Enforcement staff since March 2020. However, we did have assurances that the necessary monthly updates were being sent to the prisoners. The Board intervened, and arrangements were quickly put in place whereby contact could be made via video-link. At the end of the reporting year, Home Office staff were still not visiting the prison.

The Board will continue to monitor.

5.5 Faith and pastoral support

- 5.5.1 The core chaplaincy team of six encompasses different Christian traditions and Islam. They provide pastoral support to all, regardless of their beliefs. The team is multilingual; as well as English, chaplains can speak Spanish, German, Arabic and Bengali.
- 5.5.2 Visiting ministers provide pastoral care across a range of religions: Buddhism, Hinduism, Judaism, Sikhism, Jehovah’s Witness, Humanism and Paganism.
- 5.5.3 In the last seven months of the reporting year, although often understaffed, the team has worked tirelessly to ensure that prisoners have been able to

practise their faith. In the early days of lockdown, a system of ‘virtually’ attending funerals and having contact with family members who were dying was introduced. This has worked well.

- 5.5.4 The chaplains have a high profile within the prison, and from the contact we have had with prisoners it is clear that the work they do is much appreciated – particularly in the last seven months of lockdown. On a number of occasions, members of the team have acted as a conduit to prisoners who have been of concern to us. Additionally, the team has also produced a number of activity packs for the prisoners.
- 5.5.5 The Board regularly observes instances where prisoners in crisis have been treated with empathy and sensitivity by the chaplaincy team.

5.6 Incentives and earned privileges (IEP)

- 5.6.1 In February 2020, the prison adopted the Tees and Wear Prisons Group recognition and progression scheme, this is unique to the T&W group. Similar to the IEP system of basic, standard and enhanced, this scheme recognises behaviours as bronze, silver and gold.
- 5.6.2 At the end of March 2020, HMPPS issued COVID-19 operational guidance – the exceptional delivery model (EDM). Two of the guidelines relating to IEP were that no prisoner should be placed onto the basic level and no prisoner already on the basic level should be without a television. The guidance also indicated that Governors could submit defensible decisions if they did not wish to follow this guidance. HMP Durham submitted a defensible decision to continue using the full extent of its IEP scheme. This decision was accepted.
- 5.6.3 The Board is satisfied that the timing of the recognition and review levels takes place in line with the scheme’s rules.
- 5.6.4 The only time that a prisoner would be denied access to a television is if they are located in the SACU as a punishment. However, access to television in the SACU is granted in cases where it is considered to be beneficial, as part of a progression plan to return to the general population, or when there have been unreasonable delays in the transfer to another establishment.
- 5.6.5 Early in lockdown, the Governor took the decision effectively to suspend adjudications for all but the most serious of offences. This was because, with the daily regimes severely restricted, the continuation of adjudications and associated awards was considered to be draconian.
- 5.6.6 In the period November 2019 to February 2020, there was an average of 55 adjudications per week. From April through to July, this reduced to an average of six per week. Regimes became slightly more relaxed at the end of August, and from the end of October numbers started to climb, with an average of 22 per week. During the period of lockdown, there were no referrals to the independent adjudicator.

5.7 Complaints

5.7.1 The on-time response rate to complaints has increased for three consecutive years, as evidenced in the table below:

Comp1 & Comp 2	Total	On time	% Responses on time
2017/2018	1459	1030	70.6%
2018/2019	1304	965	74.0%
2019/2020	960	738	76.9%

5.7.2 The Board considers the quality of the responses to be inconsistent, and we need to carry out more work highlight the issues.

The Board will continue to monitor.

5.7.3 There were 24 subjects of complaint. Property complaints have occupied the number one slot for the last two years, with 18% in 2018/2019 and 12% in 2019/20.

5.7.4 For the last two years, prisoners on B wing submitted more complaints than those on any other wing.

5.8 Property

5.8.1 For the last two years, property complaints have occupied the number one slot for Comp 1 and Comp 2 submissions. The good news is that there has been a six-point drop, from 18% to 12%.

5.8.2 The prison has improved the systems within the property store.

5.8.3 Property loss during cell clearances, particularly when a prisoner is removed from the wing and taken to the SACU, has consistently been raised as an issue. The Board hopes to see improved adherence to prison systems to reduce complaints.

The Board will continue to monitor.

6. Health and wellbeing

6.1 Healthcare: general

6.1.1 The Board has observed healthcare provision regularly throughout the monitoring year, except for the first period of national lockdown. The Board is impressed by the care and dedication of the staff.

6.1.2 A new healthcare contract was awarded to Spectrum on 5 September 2019, coming into operation on 1 April 2020. The service is headed by a new head

of transformation, resident in Durham but with regional responsibilities. Positive changes have been acknowledged by NHS England, as noted in HMP Durham senior management team minutes in October 2020. There has been a clearer demonstration of partnership working, improved team communication and more integrated working. Healthcare staff and clinicians have adapted well to providing care in line with COVID-19 restrictions. Feedback from prisoners evidences the appreciation of patients within the healthcare centre, and generally from prisoners on the wings.

- 6.1.3 A telephone survey of 33 prisoners (randomly selected from all wings) via their in-cell telephones took place during the second national lockdown. Prisoners were asked if they had needed healthcare provision during their time in custody, and asked to share their experience with the Board. In general, prisoners were satisfied with healthcare provision and access, with the DART services receiving particular acclaim.
- 6.1.4 The allocation of prison staff continues to be inconsistent in inpatient healthcare: the regime is not always complete. Exercise for able prisoners is not always facilitated. This has remained an issue and continued to be an issue during the national lockdown. Prisoner enablement is a concern within the main prison and within the clinical DART. The team is not always allocated an officer to help with monitoring and is not assigned an officer at weekends.
- 6.1.5 Complaints direct to Healthcare. Medication and prescriptions continue to be the largest category. From April to August 2020, there were 71 complaints to the healthcare department, which was much reduced compared with the 219 complaints from April to October 2019. In both 2019 and 2020, the healthcare service acknowledged 100% of prisoner complaints within three days. In 2019, one complaint was sent to the Ombudsman, but none in 2020. A small sample of prisoners interviewed in autumn 2020 spoke very highly of the medical support they had received during lockdown, as did the 33 prisoners spoken to during a Board telephone survey.
- 6.1.6 In October 2019, there were 97 respondents to the friends and family test. Of these, 80.4% responded that they would recommend the healthcare services; 8.25% responded that they would not.

6.2 Physical healthcare

- 6.2.1 Durham's status as a reception and resettlement prison continues to present problems owing to the constant high churn of prisoners entering and leaving the prison. In these circumstances, some provision has improved, but some has deteriorated:
- The initial health screening of new arrivals is carried out promptly in 100% of cases within 24 hours.
 - In April 2019, the percentage of secondary screening carried out within seven days was 8.6%. In October 2019, this was 50.2%. In March

2020, it had improved again, to 54.1%. No secondary screening has been carried out from 23 March because of the pandemic.

- In March 2020, 32% of patients on prescribed medication missed three consecutive days of doses, for a range of reasons, including non-attendance. In October 2019, this figure was lower, at 30%. This figure is no longer reported.
- GP and ANP appointment waiting times have decreased rapidly, from 16 days for both in October 2019 to a combined figure of eight days in October 2020. Owing to current COVID-19 restrictions, patients are being reviewed virtually, and are not being seen face to face unless identified by a clinician.
- The waiting time for dental appointments for October 2019 was 61 days, compared with 67 days in 2018. The excessive waiting time for non-urgent prisoners, coupled with the high churn rate, means that prisoners can wait a long time before treatment within the establishment, and face another waiting list on transfer.
- The waiting time to see an optician in October 2020 was 11 weeks and six days. the waiting time to see a physiotherapist is 47 days, and a podiatrist is 20 days. There are no comparative figures for the reporting time last year.

The Board will continue to monitor.

- 6.2.2 In 2019, specialist nurses and spirometry for chronic obstructive pulmonary disease, and diabetes specialist nurses were not available. This continues to be the case. GPs and ANPs manage urgent cases.
- 6.2.3 In 2019, a Board survey found that 42% of prisoners experienced delays in medication, with 38% waiting more than two weeks. This is still an issue, as a result of having to wait for the GP summary to arrive, to facilitate prescribing, or if medication has been prescribed in reception after the pharmacy has closed. Medication is then dispensed the following day.
- 6.2.4 Changes have taken place in supporting prisoners prior to release. Evidence collected during the previous monitoring year suggested that 15% of prisoners were not supported in registering with a GP in the community; 39% did not know where to go for a repeat prescription and 16% did not know where to go for methadone administration. A dedicated nurse in reception now provides prisoners with seven days' medication, if appropriate. Patients can apply for support with GP registration via the electronic kiosk. Plans are in place to discuss release planning prior to leaving custody. This will identify those in need of assistance with registration.

The Board will continue to monitor.

- 6.2.5 Concerns were expressed in 2019 about the impact of older and chronic patients in the inpatient healthcare unit, which had the impact of bed blocking and were exacerbated by the refusal of other prisons to take prisoners because of their health issues and their lack of facilities. During this

monitoring year, two patients occupied beds due to long-term illness; one was transferred and the other died.

- 6.2.6 Prior to COVID-19, there was a good communication pathway between HMP Durham and the inpatient manager at HMP Holme House. COVID-19 had an impact on the ability of the prison to transfer patients. No patients on the shielding list were transferred, including patients with long-term conditions.
- 6.2.7 Care of the dying. Healthcare staff dealt with one palliative care patient in both 2020 and 2019.
- 6.2.8 Between 1 June 2020 and 31 October 2020, 121 escorts were cancelled, for various reasons, including by the NHS and by HMPPS, and also as a result of prisoners being released or transferred. Plans are in place for healthcare and duty managers to work together to gain an understanding of healthcare decisions that require a prisoner escort. Healthcare staff are also now in communication with doctors concerning a patient requiring a bed watch. They are discussing the service that healthcare staff can offer to try to bring prisoners back within the prison.

6.3 Mental healthcare

- 6.3.1 Through monitoring and observation throughout the prison, the Board is satisfied, overall, that prison staff care for prisoners with respect and dignity, and are mindful of their physical and mental health.
- 6.3.2 COVID-19 has presented challenges to the mental health team. The delivery of essential services has been a priority, but the recruitment and retention of staff have been an issue. The team has ensured that referrals are triaged, assessments undertaken and crisis/urgent calls responded to. Enabling access to prisoners has been challenging, owing to the restrictions of the regime. Delays in access to external appointments have had an impact on waiting times for assessment.
- 6.3.3 A small sample of prisoners interviewed after the first national lockdown evidenced concerns about personal mental health and the availability of support during the lockdown period. The main pressures were lack of family contact and the poor availability of Listeners or access to the Samaritans. These findings were echoed in a document which was part of a regional survey called 'Summary of the findings of surveys from staff and residents regarding COVID-19, HMP Durham', carried out by a forensic psychologist in training, in July 2020. Sixty-five per cent of prisoners surveyed in Durham said that their mental health was worse or much worse than it had been prior to lockdown, and 38% that it was harder to contact family or friends during lockdown. However, the prisoners surveyed also believed that lockdown brought benefits. The three most frequently mentioned were:
- improved relationships with staff and other prisoners
 - the additional PIN telephone credit and opportunities to maintain contact with friends and family

- perceived improvements in the atmosphere/a more relaxed atmosphere.

6.3.4 In 2019, the caseload of the mental health team averaged 350 referrals per month. Referrals throughout to early 2020 saw this increase to about 430–450 prisoners per month. Since the pandemic, this has reduced to 300–350 per month. As a result of the nature of reception and resettlement, the fast pace of transfers meant that workloads were constantly in a transient phase for the team, with a lot more follow-up cases and handover required. As movements between prisons reduced during the pandemic, there was still a lot of external liaison with community mental health services. A new appointment, in July 2020, of a mental health practitioner in reception has enabled face-to-face screening with all patients referred to the team. Patients exiting into the community are referred back to community teams.

6.3.5 Evidence presented for the 2018/19 report showed that, over a three-month period (January to March 2019), the mental health team attended an average of 105 ACCT reviews per month. In September 2020, they attended 249 reviews.

The Board will continue to monitor.

6.3.6 The ISU opened in 2017, serving the region and taking receipt of patients from local prisons. In 2019, it had 10 prisoners from HMPs Holme House and Northumberland. From 1 November 2019 to the end of October 2020, it admitted 57 prisoners: six from HMP Holme House, two from HMP Northumberland and there was one remission from the secure inpatient service. Last year, 11 prisoners were transferred to mental health institutions; this year, this number was 15 (eight to Roseberry Park, six to St Nicholas Hospital and one to the prisoner's home area in Bradford). In addition, seven prisoners have been gate sectioned upon their release.

6.3.7 The shortest time from the point of referral to admission to a secure inpatient service was 15 days – one day longer than in the same monitoring period last year. The longest time was 160 days, which was an improvement on the previous statistic of 190 days. The average time was about 61 days.

6.3.8 During the COVID-19 situation, the unit has been running a significantly reduced regime, in line with the rest of the prison, offering routines around medication, wellbeing checks, showers and cleaning. Individual support continued, along with some small socially distanced outside sessions, but the unit was unable to offer the usual therapeutic environment because of lockdown. Patients we spoke to post-lockdown described this isolation. Since mid-September, a more structured out-of-cell occupation and interaction has been introduced, albeit with socially distanced small group work compliant with EDMs. They have also started to reintegrate with other agencies such as the DART and the chaplaincy. As yet, the unit has been unable to assess the impact of the lockdown on staff and patients, other than the frustration of the dedicated staff in being able to support further vulnerable patients.

6.3.9 The unit is generally supported by dedicated ISU officers, offering a consistent approach. There have been occasions where this has not been the case, causing issues over the management of the unit.

The Board will continue to monitor.

6.4 Social care

6.4.1 HMP Durham works with Durham County Council in terms of social care provision. The prison does not naturally lend itself to accessibility needs and social care. Healthcare support if there are issues of accessibility on the wings. Individual needs are assessed in reception and determine the requirement of a personal emergency evacuation plan. Nurses in reception refer prisoners into social care, and wing staff add information about them, with healthcare managing the complex case register, working with multi-agency teams. Meetings are held regularly. Physiotherapy staff provide mobility aids, and Durham social care provides equipment such as hoist and slings, and occupational therapy aids such as cutlery.

6.4.2 In February 2020, there were 42 referrals to social care (local authority) from HMP Durham. The primary presentations were as follows:

- mobility 10 (24%)
- physical health/mobility 9 (21%)
- Mental health 13 (30%)
- Sensory 4 (9.5%)
- Cognitive impairment 1 (2%)
- Stroke 4 (9.5%)
- Cancer 1 (2%).

These referrals were from healthcare staff (37), a social worker (three) and prison staff (two). There was a wide age range in the referrals. Only four prisoners (9.5%) were in the 18–25-year age group. Eleven prisoners (26%) were aged 66 years and over. The outcomes following referrals/assessment evidenced wing and peer support in the prison. Six prisoners (14%) received peer support as the recommended outcome following assessments by the local authority. Following lockdown in March, until the end of this reporting year, it has been challenging to provide comparative data.

6.5 Exercise, time out of cell, gym

6.5.1 The regime was greatly altered during the pandemic period, with prisoners spending most of their time in cells. Chaplaincy, mental health and education staff have all been involved in providing activity packs for prisoners. Prisoners have felt isolated during this period.

6.5.2 During the lockdown, the exercise for prisoners on the wings has been broken down, so that fewer are out at the same time, to enable social distancing. Since the second lockdown, gyms have reopened, managing socially distanced arrangements. Prisoners are appreciative of this facility.

6.6 Drug rehabilitation

- 6.6.1 The non-clinical DART had a caseload of 390 prisoners in October 2020, compared with 437 in 2019. From November 2019 to October 2020, it supported 3,961 prisoners.
- 6.6.2 The commitment of the DART to prisoners continues to be impressive, and is appreciated by the prisoners themselves (as evidenced in the prisoner survey). From November 2018 to October 2019, the non-clinical DART assessed the substance misuse needs of, and worked with, 2,373 prisoners, following either a referral or their induction into the prison. In the same period in 2019/20, the figure was 2,325. Between October 2019 and October 2020, 222 prisoners successfully completed alcohol-free and drug-free treatments, compared with 357 the previous year (63 alcohol-free and 294 drug-free treatments). These numbers have reduced as a result of COVID-19, which has had other impacts upon provision. The team was short staffed as a result of a smaller number of staff being able to access the office owing to social distancing rules, and the inability to do face-to-face work because of the COVID-19 regulations. Staff were unable to do as much personal and social interaction work because of the large number of induction assessments – a consequence of the high turnover of prisoners. All prisoners were contacted within 24 hours of entering the establishment, using in-cell telephones (apart from at weekends).

The Board will continue to monitor.

6.7 Soft skills

According to a Board survey, COVID-19 has had an impact on the mental health of prisoners, exacerbated by the lack of normal peer support through more formal groups such as Listeners and the Samaritans, and informally with more social interaction with other prisoners. Prisoners have been supported by general prison staff, and other teams such as healthcare, mental health, gym, chaplaincy, NEPACS and education. Prisoners have evidenced appreciation of this.

7. Progression and resettlement

7.1 Education, library

- 7.1.1 In February 2020, HMP Durham transitioned to a reception and resettlement prison, with prisoners serving under 16 months able to stay in the prison. This has implications for learning, skills and employability. There has been no increased funding for this change. It is notable that some prisoners are held for a longer period in the establishment and it is questionable, therefore, whether the learning, skills and employment provision is adequate for their needs. In October 2020, 36 sentenced prisoners had been in the establishment for more than six months, 18 of them for more than one year.

- 7.1.2 Education contracts, now based on learner hours and not on qualifications, have led to a reduction of £900,000 in the education budget for the prison: impacting upon reduced services and creating challenges for service provision during 2019/20.
- 7.1.3 By the end of March, all education and library providers had left the prison and all activities, other than those deemed essential, had been suspended. In October 2020, learning, skills and education (LSE) opportunities were still very limited.
- 7.1.4 Under the provisions of the new contracts, there were three providers for LSE: Novus, First Point Training and Changing Lives. However, by the end of March, only Novus remained.
- 7.1.5 Dynamic system purchasing initiatives were put on hold before they could begin; these included:
- the Future Steps programme for 18–24-year-olds, addressing masculinity, knife crime, families, and so on
 - industrial cleaning and peer mentor support
 - information, advice and guidance
 - Novus exit, preparing prisoners for release, working with main location prisoners and vulnerable prisoners.
- 7.1.6 Education and skills training starts with assessment after the initial induction. The academy structure and the engagement, progression and learning model remained in place from previous years, focusing on personal development portfolios (employment and training to provide developmental evidence – transferrable when relocated). These portfolios provide useful evidence while seeking employment, and evidence of behavioural change – valuable for presentation at court hearings. Portfolio development should be supported by key workers. Evidence collected in November 2019 via a Novus focus group with 90 participants found that 25 prisoners (28%) were without portfolios. Ninety-one per cent of these prisoners said that only education staff added to their portfolios and that wing staff ‘don’t care or are not interested’. An improvement plan was implemented. The Board looks forward to seeing improved outcomes when back to normality.
- 7.1.7 The transition to the new contracts led to:
- the loss of nine staff
 - the loss of sessions – CV training, interview skills
 - the loss of certificated short courses
 - the loss of 80 prisoner places
 - a reduction of education spaces before lockdown, from 333 to 226
 - the discontinuation of social enterprise and mains ‘research zone’.

- 7.1.8 The online virtual campus (VC) allows access to prisoner courses. Its introduction has not been straightforward, but the LSE team has resolved some of these issues. In February 2020, the VC was installed on the vulnerable prisoner wing. Post-lockdown, it will be used more regularly, not just in Novus areas. All tutors are now VC trained but during lockdown it is still not available because of social distancing issues.
- 7.1.9 A robust monthly governance assurance meeting takes place, chaired by the Governor. A learning, skills and employment meeting (consisting of managers in this area) takes place once a fortnight and looks at any issues and problems with ongoing action points. A quality improvement group, with key stakeholders, also meets to look at outcomes. These meetings have been cancelled since 3 March 2020, as most providers have moved to remote working. The monthly governance meetings began again in June 2020, to oversee LSE provision during lockdown.
- 7.1.10 Prisoners' attendance improved between November 2019 and March 2020, with education staff attributing this to support from wing officers and reduced refusals. According to the Governor, attendance is the best in the region. Generally, it is about 80%, with decent punctuality. If a prisoner does not want to work, the IEP protocol is followed (warning, then basic regime, then removal from work and no pay).
- 7.1.11 The library had increased activity during the first two months of the reporting year, through promotional activities and engagement with the diversity team. It currently stocks 9,112 books, but loses many as a result of high prisoner turnover. Following the lockdown closure, the library opened on 27 April, with an interim team delivering books. Library staff returned to the prison on 20 August 2020. The service is still much diminished.
- 7.1.12 Vulnerable prisoners held on F wing are often older and more educated than prisoners elsewhere. In October 2020, 42% of the prisoners who had been in the prison for over a year (15 men) were accommodated on this wing. Sixty-eight per cent of prisoners aged over 60 (31 men) were also housed on F wing. Most of the education currently available on this wing is not targeted at these groups. The Open University can be accessed, but in practice this usually does not happen because prisoners are expected to move on. Prior to lockdown, a worker on the prisoner information desk on the vulnerable prisoner wing had noted that the main problem on the wing was the limited choice of opportunities. Only basic reading; writing and numeracy; painting and decorating; computer skills and card making were available. He described complaints that there were no opportunities for qualifications, even though some prisoners are on the wing for a while. There are also usually a number of prisoners past retirement age on this wing; their needs should be considered, with suitable opportunities made available to them. In a Board postal survey of older prisoners (aged over 60) in October 2020, 39% of respondents said that their wellbeing had been adversely affected by loss of activity during lockdown. About 50% of prisoners who have been in the establishment for over a year stated that their wellbeing had been adversely affected by loss of activity in lockdown. Prisoners from both of these groups

were understanding of the need for the loss of activity for their health and the protection of others' health during lockdown. Their responses also emphasise the importance of returning to normal activity as soon as possible. The demographics of the vulnerable prisoner wing indicate that the educational and work needs of this cohort require further attention.

The Board will continue to monitor.

- 7.1.13 The learning and skills team employed directly by the prison developed and distributed a range of in-cell activities from early April. Later, they were joined by Novus home workers and also supported by NEPACS in producing children's activity packs for the prisoners of the homework club to send out to their children, to maintain contact, as before lockdown.
- 7.1.14 Face-to-face provision is not yet planned, but since September Novus has been on site, supporting activity and marking/giving feedback on all returned booklets. It is now moving to a more structured approach, where progression can be shown and rewarded. Feedback from prisoners has been positive and appreciative.
- 7.1.15 During lockdown, concerns remain for prisoners with identified learning difficulties and for those learning English for speakers of other languages, for whom face-to-face sessions were not happening, but are important to support their education.
- 7.1.16 The purchase of Wayout TV has been extremely valuable during lockdown, and 'Way to Learn' courses, such as food hygiene, can be watched, supported by materials and resulting in a certificate. Wayout TV has also been useful in promoting the use of workbooks and the library, and informing prisoners of the importance of sending work booklets back for marking and feedback.
- 7.1.17 We have observed that, throughout the year, the LSE team has continued to demonstrate drive, enthusiasm and commitment in its attempt to deliver activities to meet prisoner needs. As of October 2020, there is still a long way to go to begin to return to pre-lockdown levels of activity. A survey by the forensic psychology team reported that: '65% of residents reported a deterioration of their mental health during the lockdown'. It seems, to the Board, essential that priority is given to the reinstatement of the full range of L&S opportunities is made available as early as possible.

7.2 Vocational training, work

- 7.2.1 Prisoners generally work half-days, the other half being spent on other necessary activities and on association. Most report that they would prefer to work for full days. Opportunities included woodwork, printing, warehousing and horticulture.
- 7.2.2 Vocational training no longer leads to qualifications, but does provide meaningful activity for participants. Every effort was made to link work with

education, so that, for example, literacy and numeracy are seen to be relevant and a necessary part of the job.

7.2.3 Attendance is usually excellent within industries. Attendance in January 2020 was still good. Education and skills staff work closely with residence staff to make sure that the appropriate IEPs are awarded for attending work when they should be. This goes up and down but the team was maintaining good attendance figures at the beginning of the reporting year. In October 2020, attendance for wing workers was at 99%, and industries 86%; however, because of social distancing, kitchens had only about 60% attendance, as not all prisoners could be fitted in.

7.2.4 Vulnerable prisoners are, unfortunately, not afforded as many places in these industries, with 20 part-time places per day before lockdown. Two new workshops for vulnerable prisoners opened during this reporting year, before lockdown. A small (20%) qualitative survey of vulnerable prisoners by the Board in 2019 revealed a level of discontent with the employment choices available on the wing. There was also, however, an appreciation of the difficulty of providing activity for vulnerable prisoners in a reception prison. There was also some praise for instructors from these prisoners. Following lockdown, opportunities continue to be very limited for them.

7.2.5 There needs to be some further thought given to the occupation of prisoners past retirement age. In October 2020, the over-60s accounted for 3.5% of the population. In a Board survey, a third of the over-60s stated that they were not engaged in work or education following lockdown (the response rate was 77%).

7.3 Offender management, progression

Prison Roll					
	Unsentenced		Sentenced		Total
End October 2018	518	55.1%	422	44.9%	940
End October 2019	626	65.3%	333	34.7%	959
End October 2020	653	72.6%	246	27.4%	899

	Unsentenced		Cat B		Cat C	
	Number	No. in durham > 1 year	Number	Average no. of days since sentenced or number of days in Durham whichever is the least	Number	Average no. of days since sentenced or number of days in Durham whichever is the least
End Oct 2019	564	6	46	176	219	106
End Oct 2020	653	23	18	144	204	72

7.3.1 Following up on previous years' comments, it is pleasing to see that the number of category B prisoners has reduced. However, the prison is still a long way from transferring prisoners within 10 days of sentencing.

- 7.3.2 The unit has been under some pressure, as the timeframe for sentence calculations was reduced from five days to four without any consultation with, or consideration for, reception prisons and the risks this poses for error.
- 7.3.3 Staff were asked to do a lot of work around the early release of vulnerable people due to COVID-19. This resulted in many hours of work and assessment for no gain. Audit feedback was given in relation to errors in the process, but nothing was changed and the establishment did not release anyone under this scheme.
- 7.3.4 The number of court trials is now increasing but many longer trials have been significantly postponed – through to March 2021 and beyond. This has resulted in a change to the population, with greater numbers on remand and longer stays in the prison.
- 7.3.5 From April, ‘through the gate’ was delivered remotely by community rehabilitation companies (CRCs), and telephone appointments were arranged for reporting instructions on release. CRCs continue to work on a rota basis to support social distancing.
- 7.3.6 Since April, risk assessment processes have been carried out via teleconference, to ensure that appropriate release planning and public protection measures are met.
- 7.3.7 The Board continues to see ‘cherry picking’ by the receiving establishments, even though the prisoners meet their acceptance criteria for transfer. As in previous years, the Board would like to see this practice outlawed, as prisoners are being denied the opportunity to progress through their sentences in prisons more suited to their needs.
- 7.3.8 Similar to other departments, staffing issues have been evident throughout the year. Nonetheless, given the very difficult circumstances of operating throughout the pandemic, it is a credit to the team that it has delivered what is required.

7.4 Family contact

- 7.4.1 For the majority of the last seven months of the reporting year, social visits have been suspended. Fortunately, in-cell telephony is available. Following the helpful national initiative, the Governor introduced the addition of a £5 per week telephone PIN credit.
- 7.4.2 In line with another national initiative, virtual visits (‘Purple Visits’) were introduced in June. The Board felt this to be a positive step. Following some technical issues, they appear to have been well received. Information was shared with the Board, from NEPACS (responsible for the organisation of visits), which also monitored the system. This information indicated that between 29 June and 23 August 2020, 902 applications were made by prisoners for a Purple Visit of which 503 were rejected.

Purple Visit App not downloaded	229
Prisoner already had/pending visit	180
In custody under 14 days	43

Duplicate Request	15
Visitor declined visit	10
Wing on lockdown	9
Offender - Bad Behaviour previous visit	7
No information on kiosk app	5
Too short notice to change or book visit	3
Visitor no ID	1
Legal Request	1

399 visits were sent to family / Friends which resulted in 355 visits being booked for 213 prisoners

7.4.3 The Board takes the view that Purple Visits are a positive resource which should continue to be made available to the prisoners beyond the pandemic. We would, however, wish to see systems put in place to increase the number of successful visits.

7.4.4 The chaplaincy team has enabled prisoners to have virtual contact with family members in the case of relatives with a terminal illness and bereavement.

7.5 Resettlement planning

7.5.1 In February 2020, the prison changed status from being a reception prison to a reception and resettlement prison. The theoretical model for both assumes a split of 65/35 unsentenced to sentenced prisoners. In addition, as a resettlement establishment, the prison could house prisoners who had 16 months or less to serve on their sentence.

7.5.2 With a primary focus on serving the courts, the prison has seen the number of prisoners on remand end the reporting year at almost 73% of the population. At times throughout the year, this has been in excess of 75%. As a result, the concept of a reception and resettlement prison has not been realised.

7.5.3 Resettlement planning is led by two CRCs, with the support of charities such as Shelter. A full range of resettlement planning tools and resources are available; however, with the disproportionately large number of prisoners on remand they cannot be completed.

8. The work of the IMB

8.1 Following a recruitment campaign in November, five new members were appointed. Two are currently in training and one has withdrawn.

8.2 In February, the Board hosted a visit from the IMB at HMP Bullingdon. These visits are always valuable, in the cross-fertilisation of knowledge and working practices.

8.3 Board member training has all been done remotely via the various webinars and monthly training at Board members, as well as training and support for new members. Members have found these extremely useful.

Board statistics

Recommended complement of Board members	20 (reduced to 15 from 01/04/2020)
Number of Board members at the start of the reporting period	11
Number of Board members at the end of the reporting period	13
Total number of visits to the establishment	276
Total number of segregation reviews attended	60 (Nov 2019 – March 2020)

Applications to the IMB

Code	Subject	Applications to IMB			
		2018 - 2019	2019 - 2020		
		Written, On the Hoof & Confidential	Written, On the Hoof & Confidential	Freephone	Total 2019 - 2020
A	Accommodation including laundry, clothing, ablutions	15	8	27	35
B	Discipline including adjudications, IEP, sanctions	12	1	0	1
C	Equality	3	5	0	5
D	Purposeful activity including education, work, training, library, regime, time out of cell	9	4	0	4
E 1	Letters, visits, phones, public protection restrictions	42	13	2	15
E 2	Finance including pay, private monies, spends	16	7	1	8
F	Food and kitchens	3	2	1	3
G	Health including physical, mental, social care	35	21	16	37
H 1	Property within this establishment	34	17	0	17
H 2	Property during transfer or in another establishment or location	9	3	0	3
H 3	Canteen, facility list, catalogue(s)	9	9	0	9
I	Sentence management including HDC, release on temporary licence, parole, release dates, re-categorisation	36	11	5	16
J	Staff/prisoner concerns including bullying	22	18	6	24
K	Transfers	9	3	1	4
L	Miscellaeneous		0	4	4
	TOTALS	254	122	63	185



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